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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

100005001071--8
-02/25/02--01066--012
*****78.75 *****78.75

SUBJECT: Nurse Rounds INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate	☐ $122.50 Filing Fee & Certified Copy	☒ ~~$~~ 78.75 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Dean Miller
Name (Printed or typed)

4085 Wellington Shores Dr
Address

Wellington FL 33467
City, State & Zip

561-790-2273
Daytime Telephone number

FILED
02 FEB 25 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. WHITE FEB 27 2002

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Nurse Rounds, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4085 Wellington Shores Dr
Wellington FL 33467

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dean Miller
4085 Wellington Shores Dr
Wellington FL 33467

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dean Miller
4085 Wellington Shores Dr
Wellington FL 33467

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of Feb, 2002.

(An additional article must be added if an effective date is requested.)

Dean miller
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Nurse Rounds

2. The name and address of the registered agent and office is:

Dean Miller
(NAME)

4085 Wellington Shores Dr
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Wellington FL 33467
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dean Miller
(SIGNATURE)

Feb. 16, 2002
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314